CALIFORNIA DEPARTMENT OF Mental Health

2011 COMMUNITY MENTAL HEALTH SUMMER STAKEHOLDER SERIES
DATE: September 1, 2011 LOCATION: San Luis Obispo, CA

Participants

09 Consumers/Family Members/Consumer Advocates
24 Providers
32 County Representatives
02 Other
05 Phone Participants
72 Total Participants

Pre-Meeting Education Session- Questions/Comments

- Did issue resolution get moved to Department of Health Care Services? The Medi-Cal ombudsman will move to Department of Health Care Services, but issue resolution [for Mental Health Services Act and others] will be at Department of Mental Health until the stakeholder input is reviewed and additional changes are made as a result. Today's meeting gives you a change for input
- $8 million does not seem like enough money to serve all of the clients with need in California.
- Are the State Hospitals going to be a part of the discussion today? The main focus of this stakeholder meeting is about non Medi-Cal/non hospital functions. To provide input/comments regarding state hospitals. Send comments in writing.
- I am very concerned about the talk to combine the state hospitals with California Department of Correction Rehabilitation. Will there be opportunities for stakeholders to provide input about that option [for State Hospitals]? I don't think that's a good idea.

Background and Context Questions/Comments

- Are there any functions related to Institution for Mental Diseases? Those functions will remain at Department of Mental Health until July 2012, after that oversight of Institution for Mental Disease's will be moved-don't yet know where.
- Is the $8.8 million to fund programs or just for Administration (Budget Detail Sheet)? This funding is for staff at Department of Mental Health and other state departments and the funding also includes contract funds.
- There should be 5% for State Administration. AB100 Elimination of State approval of county Mental Health Services Act programs reduced this amount to 3.5% - we may not be using all of the 3.5%. If we need more stuff, you should tell us that today.
- The contract funds at the State are used for what? Not services? The contracts fund consumer organizations, reducing disparities, efforts, statewide training, etc.
- Are those the only contracts at Department of Mental Health? Are there others, like External Quality Review Organization? The External Quality Review Organization contract will no longer be monitored by Department of Mental Health, that contract will be moved to Department of Health Care Services. There are other contracts that are not listed- Workforce, Education and Training contracts, Co-Op, etc.
- After all info is gathered, how will you weigh responses (small rural county input is large urban counties)? The report will be a summary of the input → common themes, etc. Multicultural Services is a big concern all over the State.

Please note: Stakeholder questions appear in black font, DMH response indicated in red font.

- Prioritize those recommendations that are most consistent with Mental Health Services Act guiding principles (consumer input and cultural competence). Another consistent question has been about leadership - Mental Health leadership at State and specifically at Department of Health Care Services. Department of Health Care Services Report→ senate confirmed deputy director responsible for Medi-Cal Mental Health.
- When you separate all the funding streams (Realignment, 3632, Short Doyle, etc.) it becomes easier for legislators to take funding away. It also complicates services from blended funding sources. This is a common response.
- Where is CONREP money going?
- We need a global focus, Mental Health services in Africa have been ignored in the U.S.

Based upon today's presentation, what are the changes in mental health at the state level that stand out for you?

- Concerned about mental health moving under Health. Concerned about funding being taken from mental health services. This move to Department of Health Care Services is about moving staff resources; it should not affect the level of funding services.
- There is move funding for mental health services than ever before.
- Have there been cuts to other state organizations, such as Mental Health Services Oversight and Accountability Commission? Those other state agencies Planning Council and Mental Health Services Oversight and Accountability Commission were not affected this is just about the impact on Department of Mental Health.

What opportunities do you see as a result of the transition at the state level?

County Representatives

- You can put services where they are needed the most. In the counties where they "don't know what they are doing" you can provided more focused TA.
- Tailoring services to local culture
- Local control
- 50% to "Really Excellent" and less to "medicare" – free market system
- Alignment of Mental Health services and alcohol and drug services – coordinated
- Streamlined services → efficiency
- Less duplication

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Consumers, Family Members, Advocates, and Providers

- Provides communities with a better way to specifically serve their area – more "tailoring" to [local needs]
- Opportunity for counties to get greater resources
- Local advocates may have greater access
- Opportunity to integrate mental health services with Alcohol and Drug Programs
- Opportunity to assist with housing for homeless
- Greater community oversight
- Opportunity to integrate private and public mental health systems – to provide more support for homeless
- More coordination between schools – more mental health services for children
- Increased local accountability and transparency regarding local services
- Increase resources by reducing duplication of services on state level
- Improve communications – campaign strategy "customized" to local level
- Bring education about mental illness to local community groups
- Increase client education that will result in employment
- Reduce redundancies in reporting
- Look at how we coordinate services for kids and increase availability of services
- When Alcohol and Drug and Mental Health are joined [it will lead to] greater co-occurring services at local level. If state combines, state might be better coordinated between both sides, make it easier to treat both at same time.
- Local integration of services
- Develop a "continuum of care" – from most expensive (intensive) treatment to least expensive
- For adult care – multi-disciplinary teams to treat multiple issues
- Provide more care for teens, more anger-management services
- Consumers and family members will have a greater role and advocacy for CONREP
- Present and promote "recovery model" – holistic medication or not, music, art, nutrition, etc.
- Better communication between Medi-Cal functions and non-medical providers
- Employment services, vocational training and pre- vocational services, training.
- Attention to services for foster children and assistance for transition out of foster care.
- Education elected officials in supporting local mental health services by providers' adequate resources
- Identify and blend more efficiently – the services that already exist – more "comprehensive"

Which entity should assume responsibility for the functions/programs listed? What functions/programs are missing from the list?

Consumers, Family Members, Advocates, and Providers

- Financial oversight has been 20 years of hard work to get a system that works well – concerned about changing it – Don't take something that works well to another department that doesn't know.
- Mental Health Services Oversight and Accountability Commission – because we need to look at integrating with each county

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- Like to see funding for programs in county to treat people so they don't end up in prison.
- Like to see greater funding of Laura's Law – county to implement
- Prefers regional county organization to have influence

County Representatives

- It almost doesn't matter, unless we are talking about setting rates (i.e. social service foster care rates). Or, is this more about management of programs? This is more about management. Direct services are carried out at the local level.
- There are mandates in place about amount of funding for children and older adults.
- What is meant by financial oversight?
- Housing includes payments for homeless consumers to rent post office boxes
- Has the state done anything with the Stigma and Discrimination program? We initiated some discussion/collaboration with federals before the funding was diverted to California Mental Health Services Act. But Department of Mental Health oversees the whole program.
- Some mentally ill people shouldn't be housed in the correction system.
- Is it even possible for financial oversight to happen at the local level?
- Department of Health Care Services administers Medi-Cal so issue resolution should go there too.
- Data sent to the state goes into a big black hole and is never seen again.
- The state should contract with an entity (like UC Berkeley) to do something with data collection.
- Locals could also get/hire contractors to do this data work
- If it stays at the state, there is statewide data available compare between counties
- Suicide prevention/stigma needs to stay 75% local level
- Develop a division with in Department of Health Care Services to do prevention work (includes suicide, SMHI, stigma)
- Rather than re-creating the wheel in each county, a state entity can do some of that research/comparison (for stigma)
- Veterans mental health is under funded
- I see the veterans mental health functions being eliminated – this should happen at federal level
- For Workforce, Education and Training, would California Department Education take on some of these responsibilities? Monitoring stipends, etc!
- Leave training contracts with California Institute for Mental Health
- Eliminate technical assistance as a state level function
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- All to Department of Health Care Services
- Combine Non-mental health to Department of Health Care Services
- Create a bigger Department of Mental Health
- Oversight of funds
- No benefit to stay at the state level
- Keep local
- If services are to be transferal to the local level. Makes sense to keep oversight
- Functions should go to the local
- Should have oversight groups

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- There should be a review committee to participate at the state level
- If no oversight, consumer and family members might not be heard
- Not including community and stakeholders
- Have some state contact for consumer and family member to contact. Inclusive process at the local level
- Who has the authority?
- Don't split up functions/ Mental Health Services Act components
- Keep it simple. No fragmentation
- Issue resolution, keep it at the state
- Data collection → increase funds for this service
  - Have not been able to access data
  - Struggling to get good data
  - Put up funds towards these function
  - Need more state programming
- Consumers using HMIS to entice data
- Alcohol and drug Program system works and will be easy
- Data Collection
  - How counties work?
    Counties operate at the Behavioral Health cultured competency. Report people should look. Slow process to review plans.
    Housing → stay at Department of Mental Health. California Association of Local Mental Health Boards has been effective. Remain the same and keep principles intact.
    - California Association of Local Mental Health Boards interaction has been positive
    - It should be at the local level
  - If complicate, it's good to have a state entity.
    Technical Assistant assistance at the state
    Corporation housing → they coordinate at the local, state and federal
  - Figure out the needs at the local level
  - Decisions should be at the state level
  - Approval of housing should be at the local level
  - Keep fragmentation at the minimum
  - Innovation Plan – counties take time to develop innovation
  - Eliminate Mental Health Services Oversight and Accountability Commission
  - Office of Multicultural Services- what can really be measured
  - Innovation plan reveal responsibilities to CiMH

Office of Multicultural Services

- Increase funding to reduce disparities
- Continue to keep funding
- Be able to have statistical system to look at data
- Co-occurring Disorder
- Don't forget co-occurring
- They are setting bounced around
- Don't forget about his
- Substance Abuse and Mental Health – staff should be able to work with this group
- Integration of services Substance Abuse and Mental Health

- Be careful about oversight
- The organization that takes over co-occurring should meet with COJAC
- Limited to made decisions
- Soldiers → DHS should be involved with suicide prevention
  - Not getting services from the federal
  - Local government cannot help and provide all service needed
- Office of Multicultural Services → Need to have accountability that counties are increasing penetration rate.
- Need oversight (Local or State) in cultural competency services.
- Oversight should be at the state or other entity and not at the local level.
- Actability of multicultural services should be at the state.
- At the state level can be managed and with county input.
- Ethnic services coordinators should review/oversight
- State should help the local level to move forward
- Two way coordination between state and local

Training

SMHI

Early Mental Health Initiative

Substance Abuse and Mental Health Services Agency → Should be in one place. Keep it at the state

- Transfer to Alcohol and Drug Program or Department of Health Care Services

PATH→ It should go with the other grants

Workforce, Education and Training → Keep at Department of Mental Health. Too many parts to be moved.

- People that have been involved at Department of Mental Health have been great and knowledgeable.

Training contracts → External Quality Review Organization funds should be transferred towards data collection.

- Use funds to help the local level
- Re-prioritize; re-bump
- Training toward more data driven
- Need statistician to analysis data. Data should be analyzed from county to county.
- How do we get people to qualify for Medi-Cal to alleviate workload
- Include – Co-op unit working with Department of Rehabilitation to provide Technical Assistant to counties
- Mental Health consultation to Department of Rehabilitation is being missed
- Department of Rehabilitation not looking at the recovering model
- Co-op unit was effective
- Caregiver Resources Center→who establishes the guidelines, licensing and certification.
- Measure the level of motivation among clients
- Motivation as an outcome measure
- Capture motivation
- How to improve motivation among clients
- Peer movement
- Education about illness. How to recognize the symptoms
- More forward toward humanistic reflection

Break-Out Themes

- Co-Occurring (w/Medical disorders)
- Medical model
- Continuum of Care
- Adult care to mirror youth services (MDT)
- Services for teens
- Focus on CONREP
- Promote recovery in holistic approach
- Local control
- Tailoring services where they are most needed
- Streamline/Efficiency
- Less duplication
- Alignment of Mental Health and Alcohol and Drug
- Financial issues – cooperative effort between state/local
- Training and technical assistance needs to be more focused
- External Quality Review Organization out-lived usefulness
- Local resources
- Opportunity for integrated private/public service
- Coordination with schools
- Opportunity for community oversight
- Increase client education – stakeholders
- Outcome measures – not counting people but looking at quality and effectiveness
- Housing at local level
- Accountability for cultural competence
- Co-occurring issues in everything
- Veterans need to be served across systems – no wrong door

What do you believe are the challenges associated with the changes to mental health at the state level? How can these challenges be addressed?

- Not mentioning the mental health board at the state level (California Association of Local Mental Health Boards).
- How is the integration of services going to “mesh” if the functions are dispersed all over?
- Re: Contract funds: where is the funding going to come from to fund all of the identified functions at Department of Mental Health?
- There needs to be accountability and oversight efforts from consumer and family members (local level)
- Can contract funds be re-allocated to provide more money for administration of services (functions)?

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